

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36624

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. _____	
1. PLACE OF DEATH WASHINGTON MO a. COUNTY FRANKLIN COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE STEELVILLE MO b. COUNTY CRAWFORD			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHINGTON MO		c. LENGTH OF STAY in this place 30 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 0280			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST FRANCIS HOSPITAL				d. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT ALANZO		b. (Middle) MERRITT		c. (Last) MERRITT		4. DATE OF DEATH (Month) (Day) (Year) NOV 11 1950	
5. SEX M 0		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1		8. DATE OF BIRTH 27 SEPT 1874	
9. AGE (In years last birthday) 76		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (State or foreign country) WASHINGTON COUNTY MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Don't know		13b. MOTHER'S MAIDEN NAME SERILDA ADAMS		14. NAME OF HUSBAND OR WIFE ANNA MERRITT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALBERT MERRITT, BUTTS MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LYMPHATIC LEUKEMIA ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2048				INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 4, 1950, to Nov 11, 1950, that I last saw the deceased alive on Nov 11, 1950, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE John J. de la Torre		(Degree or title)		23b. ADDRESS Sullivan, MO		23c. DATE SIGNED 11/14/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) N		24b. DATE NOV 14 1950		24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY		24d. LOCATION (City, town, or county) (State) BUTTS MO	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE E.C. Heidmann		25. FUNERAL DIRECTOR'S SIGNATURE L. Brown & Sons		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

STEELVILLE, MO

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 16 1950

RECEIVED

DEC 22 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Harry M. Jones was Embalmed
working under my personal supervision.

Student Embalmer No. _____

Student _____
Student Embalmer

Signed _____

Harry M. Jones

Licensed Embalmer No. *2428*

P. O. Address *Steeleville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.